Georgia Government Transparency & Campaign Finance Commission DECLARATION OF INTENTION TO ACCEPT CAMPAIGN CONTRIBUTIONS

1	INCOMPLETE FORMS WILL NOT BE PROCESSED • If form is handwritten, it must	st be legible.
	Today's Date:	
2	Candidate (full name):	
	Address:	
	City, State, Zip:	
	Telephone (optional): Email :	
3	Select Office Type: State County Municipal	Party Affiliation (optional):
	Name of Office Sought or Held: (include district, post, or judicial circuit if applicable)	☐ Democrat ☐ Non Partisar ☐ Republican ☐ Other
\rightarrow	(include district, post, or judicial circuit if applicable)	
1		
	Complete sections 5 and 6 ONLY if you have a campaign. This information does not register a campaign committee. (Please us	Next Election Year: gn committee. se Form RC to register.)
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5	Complete sections 5 and 6 ONLY if you have a campaign This information does not register a campaign committee (Please us Campaign Committee Chairperson (full name): Address: City, State, Zip Email: Treasurer (full name):	an committee
	Complete sections 5 and 6 ONLY if you have a campaign. This information does not register a campaign committee. (Please use Campaign Committee Chairperson (full name): Address: City, State, Zip Email: Treasurer (full name): Address:	an committee

STATEWIDE STATE LEVEL FILERS MAIL TO:
Georgia Government Transparency and Campaign Finance Commission | 200 Piedmont Avenue S.E. | Suite 1402 - West Tower | Atlanta Georgia, 30334
LOCAL LEVEL FILERS: file with your local filing entity.